

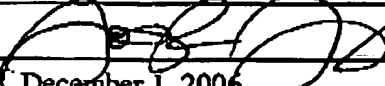


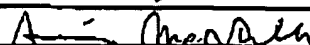
RECEIVED  
CENTRAL FAX CENTER

DEC 01 2006

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	09/667,050
		Filing Date	September 21, 2000
		First Named Inventor	Zohar Bogin
		Art Unit	2187
		Examiner Name	Kimberly N. McLean-Mayo
Total Number of Pages in This Submission	19	Attorney Docket Number	42390P9415

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph Lutz, Reg. No. 43,765 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	December 1, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Annie McNally		
Signature		Date	December 1, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndp)-4012/2006.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

DEC 01 2006

**FEE TRANSMITTAL  
for FY 2005***Patent fees are subject to annual revision.*☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) **0.00****Complete if Known**

Application Number	09/667,050
Filing Date	September 21, 2000
First Named Inventor	Zohar Bogin
Examiner Name	Kimberly N. McLean-Mayo
Art Unit	2187
Attorney Docket No.	42390P9415

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
13	28*	0	50.00
Independent Claims	4	0	200.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (9)	Fee Code (9)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 350	2203 180	Multiple Dependent claim, if not paid
1204 750	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) **0.00**

\*or number previously paid, if greater. For Reissues, see below.

**2. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description
Fee Code (9)	Fee Code (9)	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2063 130	2063 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 800	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1450 130	2450 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(e)
1806 180	1806 180	Submission of Information Disclosure Stmt
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) \_\_\_\_\_

SUBTOTAL (2) (\$) \_\_\_\_\_

Fee Paid

(3)

**SUBMITTED BY**

Name (Print/Type)	Joseph Lutz	Registration No. (Attorney/Agent)	43,765	Telephone	(310) 207-3800
Signature				Date	12/01/06

Based on PTO/BB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL  
for FY 2005***Patent fees are subject to annual revision.*☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 0.00**Complete if Known**

Application Number	09/667,050
Filing Date	September 21, 2000
First Named Inventor	Zohar Bogin
Examiner Name	Kimberly N. McLean-Mayo
Art Unit	2187
Attorney Docket No.	42390P9415

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION****1. EXTRA CLAIM FEES**


Total Claims	Extra Claims	Fee from below	Fee Paid
13	29*	0	\$0.00
Independent Claims	4	5*	0
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (S)	Fee Code (S)		
1202 50	2202 25	Claims in excess of 20	
1201 200	2201 100	Independent claims in excess of 3	
1203 380	2203 180	Multiple Dependent claims, if not paid	
1204 700	2204 385	**Release independent claims over original patent	
1205 300	2205 150	*Release claims in excess of 20 and over original patent	
SUBTOTAL (1)		(S)	0.00

\*or number previously paid, if greater. For Releases, see below

**2. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (S)	Fee Code (S)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,690	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	2451 1,510	Petition to institute a public use proceeding	
1450 130	2450 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)	
1808 180	1808 180	Submission of Information Disclosure Sheet	
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)		(S)	

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Joseph Lutz	Registration No. (Attorney/Agent)	43,765	Telephone	(310) 207-3800
Signature		Date	12/01/06		

Based on PTO/88/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (Wt) 12/15/2004  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

310 820 5988  
**RECEIVED**  
CENTRAL FAX CENTER

**DEC 01 2006**

**REPLY UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE  
TECHNOLOGY CENTER 2800**

Atty. Docket No. 42390.P9415

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

**Zohar Bogin et al.**

Application No.: **09/667,050**

Filed: **September 21, 2000**

For: **REMAPPING I/O DEVICE  
ADDRESSES INTO HIGH MEMORY  
USING GART**

Examiner: McLean-Mayo, Kimberly N.

Art Unit: 2187

---

**AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed September 21, 2006, Applicants respectfully request reconsideration of the above-identified application in view of the following remarks.